

The information below refers to: (Claimant's Name)		Claimant's SSN	
1. Did you provide food and/or shelter to the above individual? YES _____ NO _____		2. What period of time did you provide food and/or shelter to this individual? FROM _____ TO _____	
3. Have you and the above individual agreed that he/she will repay you for this food and/or shelter? YES _____ If yes, go to question 4 NO _____ If no, stop, and sign and date below.			
4. Under the agreement to repay: How much will be repaid? \$ _____ When will it be repaid? _____			
5. Remarks:			
I declare under penalty of perjury that I have examined all the information on this form and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.			
Signature		Date	
Mailing Address		Telephone Number (Include area code)	